

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO
1,9800291

APPLICANT'S

FILING DATE
03-06-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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49	/					
50						
TOTAL IND.	3		↓	↓	↓	↓
TOTAL DEP.	44	←	←	←	←	←
TOTAL CLAIMS	49					

*	*	*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.
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98					
99					
100					
TOTAL IND.		↓	↓	↓	↓
TOTAL DEP.		←	←	←	←
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS